



# PLUMBING PERMIT APPLICATION

**FOR 1, 2, OR 3 FAMILY RESIDENTIAL**

**TYPE OR PRINT ALL INFORMATION**

Date \_\_\_\_\_

☐ 1 FAMILY RESIDENTIAL      ☐ 2 FAMILY RESIDENTIAL      ☐ 3 FAMILY RESIDENTIAL

☐ **MULTIPLE PERMIT APPLICATIONS SUBMITTED**

(Consideration for the assessment of a single \$30.00 Application Verification Fee will only be made to applications submitted for the SAME ADDRESS at the SAME TIME. This fee will be assessed to the first permit request processed.)

APPLICATION # \_\_\_\_\_ OF \_\_\_\_\_

(Please indicate the total number of applications being submitted for the SAME ADDRESS at the SAME TIME. Ex: Application #1 of 3; Application #2 of 3; etc.)

TYPE OF PERMIT    ☐ **New Construction**      Bldg Permit # \_\_\_\_\_

☐ **Alter Existing**      ☐ **Addition to Building**

ADDRESS OF JOB \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Working In Unit(s) # \_\_\_\_\_ TAX DISTRICT/PARCEL # \_\_\_\_\_

Tenant Name(s) \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

CONTRACTOR \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

License # \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF LICENSED CONTRACTOR OR AUTHORIZED SIGNER

\_\_\_\_\_  
PRINT OR TYPE NAME

PROPERTY OWNER OF RECORD \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
PRINT OR TYPE NAME

\_\_\_\_\_  
SOFT ACCOUNT #

\_\_\_\_\_  
AUTHORIZED SIGNATURE OF ACCOUNT

## RESIDENTIAL (1, 2, 3 FAMILY)

TYPE	Sq. Ft. of Coverage (round up to the next 1,000)	Per 1,000 sq. Ft. or portion thereof, of coverage area	Multiplier	Base Fee	Application Verification Fee	Total
New Construction and Additions		÷ 1000 =	X \$100	+ \$55.00	+ \$30.00	=
Alteration			# of dwelling units	X \$65.00	+ \$30.00	=
Hot Water Heater			# of hot water heaters	X \$35.00	+ No application verification fee	=

Other: \_\_\_\_\_

**TOTAL FEE**

**OFFICE USE ONLY**

**ALL FEES ARE NON-REFUNDABLE**

Total Fee \_\_\_\_\_ Receipt # \_\_\_\_\_